



Your business  
is our business.

REDACTED FOR PUBLIC INSPECTION

7852 Walker Drive, Suite 200  
Greenbelt, Maryland 20770  
phone: 301-459-7590, fax: 301-577-5575  
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June 29, 2017

**Via Hand Delivery**

Marlene H. Dortch, Secretary  
Federal Communications Commission  
Office of the Secretary  
445 12<sup>th</sup> Street, SW  
Washington, DC 20554

**Re: WC Docket No. 14-58  
2017 ETC Annual Report of Tohono O'odham Utility Authority  
Study Area Code 452173**

Dear Ms. Dortch:

On behalf of Tohono O'odham Utility Authority ("Company"), JSI files the attached confidential version of the FCC Form 481 ETC annual reporting information pursuant to sections 54.313 and 54.422 of the Commission's rules.<sup>1</sup> Company seeks confidential treatment under Protective Order for section 54.313(f)(2) financial information.<sup>2</sup> The redacted version is being filed this date via the FCC's Electronic Comment Filing System.

Please direct any questions regarding the filing to the undersigned.

Sincerely,

John Kuykendall  
JSI Vice President  
301-459-7590  
[jkuykendall@jsitel.com](mailto:jkuykendall@jsitel.com)

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<sup>1</sup> 47 C.F.R. §§ 54.313, 54.422.

<sup>2</sup> *Connect America Fund et al.*, WC Docket Nos. 10-90 and 14-58, Protective Order, DA 16-296 rel. March 22, 2016 (Protective Order). 47 C.F.R. § 54.313(f)(2).



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June 29, 2017

Marlene H. Dortch, Secretary  
Federal Communications Commission  
Office of the Secretary  
445 12<sup>th</sup> Street, SW  
Washington, DC 20554

**Re: WC Docket No. 14-58  
2017 ETC Annual Report of Tohono O'odham Utility Authority  
Study Area Code 452173  
Request for Confidentiality**

Dear Ms. Dortch:

John Staurulakis, Inc. ("JSI"), on behalf of its client Tohono O'odham Utility Authority (the "Company") hereby requests, pursuant to Sections 0.457 and 0.459 of the Commission's rules,<sup>1</sup> withholding from public inspection certain information contained in an attachment to the above referenced reporting requirement. The Company provides the following in support of its request, numbered consistent with the subparagraphs of Section 0.459(b).<sup>2</sup>

1. The information for which the Company is seeking confidential treatment is an attachment to the Company's annual reporting information pursuant to Sections 54.313 and 54.422 of the Commission's rules ("Report").<sup>3</sup>
2. Rate-of-Return Eligible Telecommunications Carriers ("ETCs") must report outage information which is contained in an attachment to the 2017 ETC Annual Report.
3. The information contained in the attachment for which the Company seeks the withholding from public inspection is the entirety of data pertaining to the Company's outages provided at FCC Form 481 Line 200 attachment, Service Outage Reporting. Information of this nature is confidential commercial information routinely withheld from public inspection.
4. With respect to identifying the degree to which the outage data contained in the Line 200 attachment concerns a service that is subject to competition, the information pertains to the network and operations of a telecommunications company that has competitors that could benefit if they were able to have access to this information.

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<sup>1</sup> 47 C.F.R. §§ 0.457, 0.459.

<sup>2</sup> 47 C.F.R. § 0.459(b)(1) through (9).

<sup>3</sup> 47 C.F.R. §§ 54.313, 54.422.

Echelon Building II, Suite 200  
9430 Research Blvd., Austin, TX 78759  
phone: 512-338-0473, fax: 512-346-0822

Eagandale Corporate Center, Suite 310  
1380 Corporate Center Curve, Eagan, MN 55121  
phone: 651-452-2660, fax: 651-452-1909

6849 Peachtree Dunwoody Road  
Bldg. B-3, Suite 200, Atlanta, GA 30328  
phone: 770-569-2105, fax: 770-410-1608

547 South Oakview Lane  
Bountiful, UT 84010  
phone: 801-294-4576, fax: 801-294-5124

5. With respect to identifying possible exposure to competitive harm, the information contained in the subject attachment is information that is not customarily released to the public. Outage information is only known to the Company and its authorized agents. If the Information is not protected, it would have economic value to potential competitors which would place the Company at a competitive disadvantage.
6. With respect to steps the Company has taken to ensure against unauthorized disclosure of the information contained in the attachment, the Company is filing the outage attachment under seal. The Company protects the secrecy of this information with a security protocol that ensures the information is not inadvertently disclosed or disseminated. Only directors, managers and employees with a direct need to know are authorized to access the information.
7. Any previous versions of this information are not publicly available.
8. Because the information is not routinely available, a need exists for maintaining the confidentiality of this information permanently.
9. The Commission has previously concluded that there is a presumptive likelihood of substantial competitive harm from disclosure of outage information.<sup>4</sup> The Commission also determined the disclosure of outage reporting information to the public could present an unacceptable risk of more effective terrorist activity and could therefore result in potential harm to the public and the national defense.

Based on the preceding, JSI respectfully requests on behalf of the Company that the Commission grant confidential treatment under Section 0.459 to Company's outage data provided at FCC Form 481 Line 200 attachment.

Please contact the undersigned with any questions regarding this request.

Sincerely,



John Kuykendall  
JSI Vice President  
301-459-7590  
[jkuykendall@jsitel.com](mailto:jkuykendall@jsitel.com)

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<sup>4</sup> See *In the Matter of New Part 4 of the Commission's Rules Concerning Disruptions to Communications*, ET Docket No. 04-35, *Report and Order and Further Notice of Proposed Rulemaking*, FCC 04-188, rel. Aug. 19, 2004, para. 45.

**FCC Form 481 - Carrier Annual Reporting  
Data Collection Form****REDACTED FOR PUBLIC INSPECTION**

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819  
July 2013

<010>	Study Area Code	452173
<015>	Study Area Name	TOHONO O'ODHAM UTIL.
<020>	Program Year	2018
<030>	Contact Name: Person USAC should contact with questions about this data	Mike Bethurem
<035>	Contact Telephone Number: Number of the person identified in data line <030>	5203835811 ext.
<039>	Contact Email Address: Email of the person identified in data line <030>	Mike.Bethurem@hq.toua.net
	Form Type	54.313 and 54.422



<b>(300) Unfulfilled Service Request Data Collection Form</b>	FCC Form 481
	OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013

<010>	Study Area Code	452173
<015>	Study Area Name	TOHONO O'ODHAM UTIL.
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Mike Bethurem
<035>	Contact Telephone Number - Number of person identified in data line <030>	5203835811 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	Mike.Bethurem@hq.toua.net

<300> Unfulfilled service request (voice)	0
---	---

<310> Detail on attempts (voice)

Name of Attached Document

<320> Unfulfilled service request (broadband)

1
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452173az330.pdf

<330> Detail on attempts (broadband)

Name of Attached Document

(400) Number of Complaints per 1,000 customers Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010>	Study Area Code	452173
<015>	Study Area Name	TOHONO O'ODHAM UTIL.
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Mike Bethurem
<035>	Contact Telephone Number - Number of person identified in data line <030>	5203835811 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	Mike.Bethurem@hq.toua.net
<400>	Select from the drop-down list to indicate how you would like to report voice complaints (zero or greater) for voice telephony service in the prior calendar year for each service area in which you are designated an ETC for any facilities you own, operate, lease, or otherwise utilize.	
<410>	Complaints per 1000 customers for fixed voice	Offered only fixed voice 0 . 0
<420>	Complaints per 1000 customers for mobile voice	
<430>	Select from the drop-down list to indicate how you would like to report end-user customer complaints (zero or greater) for broadband service in the prior calendar year for each service area in which you are designated an ETC for any facilities you own, operate, lease, or otherwise utilize.	
<440>	Complaints per 1000 customers for fixed broadband	Offered only fixed broadband 0 . 0
<450>	Complaints per 1000 customers for mobile broadband	

(500) Compliance With Service Quality Standards and Consumer Protection Rules		FCC Form 481
Data Collection Form		OMB Control No. 3060-0986/OMB Control No. 3060-0819
		July 2013
<010>	Study Area Code	452173
<015>	Study Area Name	TOHONO O'ODHAM UTIL.
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Mike Bethurem
<035>	Contact Telephone Number - Number of person identified in data line <030>	5203835811 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	Mike.Bethurem@hq.toua.net
<500>	Certify compliance with applicable service quality standards and consumer protection rules	Yes
		452173az510.pdf
<510>	Descriptive document for Service Quality Standards & Consumer Protection Rules Compliance	
<515>	Certify compliance with applicable minimum service standards	Yes



<b>(600) Functionality in Emergency Situations Data Collection Form</b>	<b>REDACTED FOR PUBLIC INSPECTION</b>	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010>	Study Area Code	452173
<015>	Study Area Name	TOHONO O'ODHAM UTIL.
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Mike Bethurem
<035>	Contact Telephone Number - Number of person identified in data line <030>	5203835811 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	Mike.Bethurem@hq.toua.net
<600>	Certify compliance regarding ability to function in emergency situations	Yes
<610>	Descriptive document for Functionality in Emergency Situations	452173az610.pdf



REDACTED FOR PUBLIC INSPECTION

<b>(710) Broadband Price Offerings</b> <b>Data Collection Form</b>	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010>	Study Area Code	452173
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<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Mike Bethurem
<035>	Contact Telephone Number - Number of person identified in data line <030>	5203835811 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	Mike.Bethurem@hq.toua.net

[illegible]



**(900) Tribal Lands Reporting  
Data Collection Form**

FCC Form 481  
OMB Control No. 3060-0986/OMB Control No. 3060-0819  
July 2013

<010>	Study Area Code	452173
<015>	Study Area Name	TOHONO O'ODHAM UTIL.
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Mike Bethurem
<035>	Contact Telephone Number - Number of person identified in data line <030>	5203835811 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	Mike.Bethurem@hq.toua.net

<900> Does the filing entity offer tribal land services? (Y/N) Yes

<910> Tribal Land(s) on which ETC Serves

Tohono O'odham Tribe

<920> Tribal Government Engagement Obligation

452173az920.pdf

Name of Attached Document

If your company serves Tribal lands, please select (Yes,No, NA) for each these boxes to confirm the status described on the attached PDF, on line 920, demonstrates coordination with the Tribal government pursuant to § 54.313(a)(9) includes:

- <921> Needs assessment and deployment planning with a focus on Tribal community anchor institutions.
- <922> Feasibility and sustainability planning;
- <923> Marketing services in a culturally sensitive manner;
- <924> Compliance with Rights of way processes
- <925> Compliance with Land Use permitting requirements
- <926> Compliance with Facilities Siting rules
- <927> Compliance with Environmental Review processes
- <928> Compliance with Cultural Preservation review processes
- <929> Compliance with Tribal Business and Licensing requirements.

Select Yes or No or Not Applicable
Yes
Yes
Yes
Yes
Yes
Yes
Yes
Yes

**(1000) Voice and Broadband Service Rate Comparability  
Data Collection Form**

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010>	Study Area Code	452173
<015>	Study Area Name	TOHONO O'ODHAM UTIL.
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Mike Bethurem
<035>	Contact Telephone Number - Number of person identified in data line <030>	5203835811 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	Mike.Bethurem@hq.toua.net

<1000> Voice services rate comparability certification Yes

<1010> Attach detailed description for voice services rate comparability compliance

\_\_\_\_\_  
Name of Attached Document

<1020> Broadband comparability certification

Yes - Pricing is no more than the most recent applicable benchmark announced by the Wireline Competition Bureau

<1030> Attach detailed description for broadband comparability compliance

\_\_\_\_\_  
Name of Attached Document

**(1100) No Terrestrial Backhaul Reporting  
Data Collection Form**

FCC Form 481  
OMB Control No. 3060-0986/OMB Control No. 3060-0819  
July 2013

<010>	Study Area Code	452173
<015>	Study Area Name	TOHONO O'ODHAM UTIL.
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Mike Bethurem
<035>	Contact Telephone Number - Number of person identified in data line <030>	5203835811 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	Mike.Bethurem@hq.toua.net

<1100> Certify whether terrestrial backhaul options exist (Y/N)

Yes

<1130> Please select the appropriate response (Yes, No, Not Applicable) to confirm the reporting carrier offers broadband service of at least 1 Mbps downstream and 256 kbps upstream within the supported area pursuant to § 54.313(g).

**(1200) Terms and Condition for Lifeline Customers**  
**Lifeline**  
**Data Collection Form**

FCC Form 481  
 OMB Control No. 3060-0986/OMB Control No. 3060-0819  
 July 2013

<010>	Study Area Code	452173
<015>	Study Area Name	TOHONO O'ODHAM UTIL.
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Mike Bethurem
<035>	Contact Telephone Number - Number of person identified in data line <030>	5203835811 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	Mike.Bethurem@hg.toua.net

452173az1210.pdf

Name of Attached Document

<1210> Terms & Conditions of Voice Telephony Lifeline Plans

<1220> Link to Public Website

HTTP

"Please check these boxes below to confirm that the attached document(s), on line 1210, or the website listed, on line 1220, contains the required information pursuant to § 54.422(a)(2) annual reporting for ETCs receiving low-income support, carriers must annually report:

- <1221> Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers, ☒
- <1222> Details on the number of minutes provided as part of the plan, ☒
- <1223> Additional charges for toll calls, and rates for each such plan. ☒



<b>(2005) Price Cap Carrier Additional Documentation</b> <b>Data Collection Form</b> <i>Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers</i>	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010>	Study Area Code	452173
<015>	Study Area Name	TOHONO O'ODHAM UTIL.
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Mike Bethurem
<035>	Contact Telephone Number - Number of person identified in data line <030>	5203835811 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	Mike.Bethurem@hq.toua.net

Select the appropriate responses below (Yes, No, Not Applicable) to note compliance as a recipient of Incremental High Cost support, High Cost support to offset access charge reductions, and Connect America Phase II support as set forth in 47 CFR § 54.313(b),(c),(d),(e). The information reported on this form and in the documents attached below is accurate.

### Incremental Connect America Phase I reporting

<2011> 3rd Year Certification 47 CFR §54.313(b)(1)(ii) - Note that for the July 2017 certification, this applies to Round 2 recipients of Incremental Support.	<input style="width: 100px; height: 20px;" type="text"/>	
<2022> Recipient certifies, representing year three after filing a notice of acceptance of funding pursuant to 54.312(c), that the locations in question are not receiving support under the Broadband Initiatives Program or the Broadband Technology Opportunities Program for projects that will provide broadband with speeds of at least 4 Mbps/1Mbps - 54.313(b)(2)(i). Round 2 recipients only.	<input style="width: 100px; height: 20px;" type="text"/>	
<2023> The attachment on line 2024 includes a statement of the total amount of capital funding expended in the previous year in meeting Connect America Phase I deployment obligations, accompanied by a list of census blocks indicating where funding was spent. This covers year three - 54.313(b)(2)(ii). Round 2 recipients only.	<input style="width: 100px; height: 20px;" type="text"/>	
<2024A> Round 2 Recipient of Incremental Support?	<input style="width: 100px; height: 20px;" type="text"/>	<input style="width: 100%; height: 60px;" type="text"/>
<2024B> Attach list of census blocks indicating where funding was spent in year three - 54.313(b)(2)(ii). Round 2 recipients only.	Name of Attached Document Listing Required Information	
<2025A> Round 2 Recipient of Incremental Support?	<input style="width: 100px; height: 20px;" type="text"/>	<input style="width: 100%; height: 60px;" type="text"/>
<2025B> Attach geocoded Information for Phase I milestone reports (Round 2 for year three) - Connect America Fund , WC Docket 10-90, Report and Order, FCC 13-73, paragraph 35 (May 22, 2013).	Name of Attached Document Listing Required Information	
<2015> 2016 and future Frozen Support Certification 47 CFR § 54.313(c)(4)	<input style="width: 100px; height: 20px;" type="text"/>	

**(2005) Price Cap Carrier Additional Documentation**

**Data Collection Form**

*Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers*

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

**Price Cap Carrier Connect America ICC Support {47 CFR § 54.313(d)}**

<2016> Certification support used to build broadband

**Connect America Phase II Reporting {47 CFR § 54.313(e)}**

<2017A> Connect America Fund Phase II recipient?

<2017C> Total amount of Phase II support, if any, the price cap carrier used for capital expenditures in 2016.

<2018> Attach the number, names, and addresses of community anchor institutions to which the carrier newly began providing access to broadband service in the preceding calendar year - 54.313(e)(1)(ii)(A)

Name of Attached Document Listing  
Required Information

<2019> Recipient certifies that it bid on category one telecommunications and Internet access services in response to all FCC Form 470 postings seeking broadband service that meets the connectivity targets for the schools and libraries universal service support program for eligible schools and libraries located within any area in a census block where the carrier is receiving Phase II model-based support, and that such bids were at rates reasonably comparable to rates charged to eligible schools and libraries in urban areas for comparable offerings - 54.313(e)(1)(ii)(C)

(3005) Rate Of Return Carrier Additional Documentation Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010>	Study Area Code	452173
<015>	Study Area Name	TOHONO O'ODHAM UTIL.
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Mike Bethurem
<035>	Contact Telephone Number - Number of person identified in data line <030>	5203835811 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	Mike.Bethurem@hq.toua.net

Select from the drop down menu or check the boxes below to note compliance with 54.313(f)(1). Privately held carriers must ensure compliance with the financial reporting requirements set forth in 47 CFR 54.313(f)(2). I further certify that the information reported on this form and in the documents attached below is accurate.

(3009)	Progress Report on 5 Year Plan Carrier certifies to 54.313(f)(1)(iii)	Yes - Attach Certification	
(3010A)	Certification of Public Interest Obligations {47 CFR § 54.313(f)(1)(i)}		452173az3010.pdf
(3010B)	Please Provide Attachment	Name of Attached Document Listing Required Information	
(3012A)	Community Anchor Institutions {47 CFR § 54.313(f)(1)(ii)}	No - No New Community Anchors	
(3012B)	Please Provide Attachment	Name of Attached Document Listing Required Information	
(3013)	Is your company a Privately Held ROR Carrier {47 CFR § 54.313(f)(2)}	(Yes/No)	<input checked="" type="radio"/> <input type="radio"/>
(3014)	If yes, does your company file the RUS annual report	(Yes/No)	<input checked="" type="radio"/> <input type="radio"/>
(3015)	Please check these boxes to confirm that the attached PDF, on line 3017, contains the required information pursuant to § 54.313(f)(2) compliance requires: Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers)		<input checked="" type="checkbox"/>
(3016)	Document(s) with Balance Sheet, Income Statement and Statement of Cash Flows		<input checked="" type="checkbox"/>
(3017)	If the response is yes on line 3014, attach your company's RUS annual report and all required documentation	Name of Attached Document Listing Required Information	452173az3017.pdf
(3018)	If the response is no on line 3014, is your company audited?	(Yes/No)	<input type="radio"/> <input type="radio"/>
(3019)	If the response is yes on line 3018, please check the boxes below to confirm your submission on line 3026 pursuant to § 54.313(f)(2), contains: Either a copy of their audited financial statement; or		<input type="checkbox"/>
(3020)	(2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers		<input type="checkbox"/>
(3021)	Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows		<input type="checkbox"/>
(3022)	Management letter and/or audit opinion issued by the independent certified public accountant that performed the company's financial audit. If the response is no on line 3018, please check the boxes below to confirm your submission on line 3026 pursuant to § 54.313(f)(2), contains: Copy of their financial statement which has been subject to review by an independent certified public accountant; or 2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers		<input type="checkbox"/>
(3023)	Underlying information subjected to a review by an independent certified public accountant		<input type="checkbox"/>
(3024)	Underlying information subjected to an officer certification.		<input type="checkbox"/>
(3025)	Document(s) with Balance Sheet, Income Statement and Statement of Cash Flows		<input type="checkbox"/>
(3026)	Attach the worksheet listing required information	Name of Attached Document Listing Required Information	

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**(3005) Rate Of Return Carrier Additional Documentation (Continued)**

FCC Form 481

**Data Collection Form**

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010>	Study Area Code	452173
<015>	Study Area Name	TOHONO O'ODHAM UTIL.
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Mike Bethurem
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<039>	Contact Email Address - Email Address of person identified in data line <030>	Mike.Bethurem@hq.toua.net

**Financial Data Summary**

(3027) Revenue

(3028) Operating Expenses

(3029) Net Income

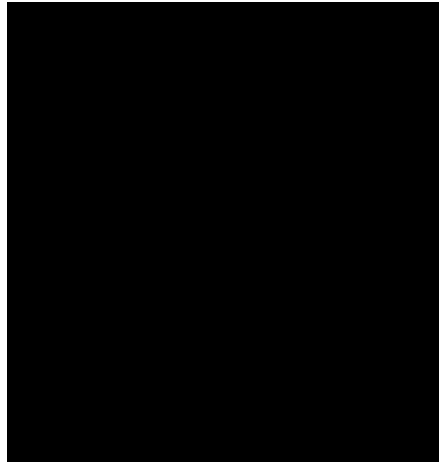
(3030) Telephone Plant In Service(TPIS)

(3031) Total Assets

(3032) Total Debt

(3033) Total Equity

(3034) Dividends



<b>(4005) Rural Broadband Experiment Additional Documentation</b> <b>Data Collection Form</b>	<b>FCC Form 481</b> <b>OMB Control No. 3060-0986/OMB Control No. 3060-0819</b> <b>July 2013</b>
--	---

<010>	Study Area Code	452173
<015>	Study Area Name	TOHONO O'ODHAM UTIL.
<020>	Program Year	2018
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4005 Rural Broadband Experiment

Authorized Rural Broadband Experiment (RBE) recipients must address the certification for public interest obligations, provide a list of newly served community anchor institutions, and provide a list of locations where broadband has been deployed.

Public Interest Obligations – FCC 14-98 (paragraphs 26-29, 78)

Please address Line 4001 regarding compliance with the Commission’s public interest obligations. All RBE participants must provide a response to Line 4001.

**4001.** Recipient certifies that it is offering broadband to the identified locations meeting the requisite public interest obligations consistent with the category for which they were selected, including broadband speed, latency, usage capacity, and rates that are reasonably comparable to rates for comparable offerings in urban areas?

Community Anchor Institutions – FCC 14-98 (paragraph 79)

**4003a.** RBE participants must provide the number, names, and addresses of community anchor institutions to which they newly deployed broadband service in the preceding calendar year. On this line, please respond (yes – attach new community anchors, no – no new anchors) to indicate whether this list will be provided.

If yes to 4003A, please provide a response for 4003B.

<b>4003b.</b> Provide the number, names and addresses of community anchor institutions to which the recipient newly began providing access to broadband service in the preceding calendar year.	Name of Attached Document Listing Required Information	
---	--	--

Broadband Deployment Locations – FCC 14-98 (paragraph 80)

<b>4004a.</b> Attach a list of geocoded locations to which broadband has been deployed as of the June 1st immediately preceding the July 1st filing deadline for the FCC Form 481.	Name of Attached Document Listing Required Information	
--	--	--

<b>4004b.</b> Attach evidence demonstrating that the recipient is meeting the relevant public service obligations for the identified locations. Materials must at least detail the pricing, offered broadband speed and data usage allowances available in the relevant geographic area.	Name of Attached Document Listing Required Information	
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<b>Certification - Reporting Carrier Data Collection Form</b>	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010> Study Area Code	452173
<015> Study Area Name	TOHONO O'ODHAM UTIL.
<020> Program Year	2018
<030> Contact Name - Person USAC should contact regarding this data	Mike Bethurem
<035> Contact Telephone Number - Number of person identified in data line <030>	5203835811 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	Mike.Bethurem@hq.toua.net

**TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:**

<b>Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients</b>	
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.	
Name of Reporting Carrier:	
Signature of Authorized Officer:	Date
Printed name of Authorized Officer:	
Title or position of Authorized Officer:	
Telephone number of Authorized Officer:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

<b>Certification - Agent / Carrier Data Collection Form</b>	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010> Study Area Code	452173
<015> Study Area Name	TOHONO O'ODHAM UTIL.
<020> Program Year	2018
<030> Contact Name - Person USAC should contact regarding this data	Mike Bethurem
<035> Contact Telephone Number - Number of person identified in data line <030>	5203835811 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	Mike.Bethurem@hq.toua.net

**TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:**

Certification of Officer to Authorize an Agent to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I certify that (Name of Agent) <u>JSI</u> is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.	
Name of Authorized Agent:	JSI
Name of Reporting Carrier:	TOHONO O'ODHAM UTIL.
Signature of Authorized Officer:	CERTIFIED ONLINE Date: 06/28/2017
Printed name of Authorized Officer:	James Bethurem
Title or position of Authorized Officer:	General Manager
Telephone number of Authorized Officer:	5203832236 ext.
Study Area Code of Reporting Carrier:	452173 Filing Due Date for this form: 07/03/2017
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

**TO BE COMPLETED BY THE AUTHORIZED AGENT:**

Certification of Agent Authorized to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I, as agent for the reporting carrier, certify that I am authorized to submit the annual reports for universal service support recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.	
Name of Reporting Carrier:	TOHONO O'ODHAM UTIL.
Name of Authorized Agent Firm:	JSI
Signature of Authorized Agent or Employee of Agent:	CERTIFIED ONLINE Date: 06/28/2017
Name of Authorized Agent Employee:	Cassandra Heyne
Title or position of Authorized Agent or Employee of Agent	Consultant
Telephone number of Authorized Agent or Employee of Agent:	3014597590 ext.
Study Area Code of Reporting Carrier:	452173 Filing Due Date for this form: 07/03/2017
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

## Attachments



## Data Collection Form

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

<010>	Study Area Code	452173
<015>	Study Area Name	TOHONO O'ODHAM UTIL.
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Mike Bethurem
<035>	Contact Telephone Number - Number of person identified in data line <030>	5203835811 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	Mike.Bethurem@hq.toua.net

<210> For the prior calendar year, were there any reportable voice service outages? Yes

[illegible]

REDACTED FOR PUBLIC INSPECTION

	DESCRIPTION OF SERVICE REQUESTED	SERVICE REQUESTED (✓ ALL APPLICABLE TO UNFULFILLED REQUEST)		DESCRIBE HOW CARRIER ATTEMPTED TO PROVIDE SERVICE
		BROADBAND	VOICE	
GU ACHI TRADING POST	ETHERNET	x		DIDN'T SIGN AGREEMENT

### **Certification for TOUA**

#### **Demonstration of Compliance with Applicable Service Quality Standards and**

#### **Consumer Protection Rules:**

In establishing this certification in its *2005 ETC Order*,<sup>1</sup> the FCC found that an ETC must make “a specific commitment to objective measures to protect consumers.”<sup>2</sup> The Commission found that for wireless ETCs, compliance with CTIA’s Consumer Code for Wireless Service would satisfy this requirement” and that the sufficiency of other commitments would be considered on a case-by-case basis.<sup>3</sup> In this context, the FCC stated, “to the extent a wireline or wireless ETC applicant is subject to consumer protection obligations under state law, compliance with such laws may meet our requirement.”<sup>4</sup>

Tohono O’Odham Utility Authority (“TOUA” or the “Company”) hereby certifies that it is complying with applicable service quality standards and consumer protection rules. As a tribally owned company, TOUA operates under the service quality standards and customer protections that are established by its Board of Directors, which is comprised of tribal members and utility business professionals. The Board receives monthly reports on outages, held orders and complaints. The topics are discussed as appropriate for each report.

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<sup>1</sup> *Federal-State Joint Board on Universal Service*, CC Docket No. 96-45, Report and Order, FCC 05-46 (rel. Mar. 17, 2005) (“*2005 ETC Order*”).

<sup>2</sup> *Id.* at para. 28.

<sup>3</sup> *Id.* The FCC noted that under the CTIA Consumer Code, wireless carriers agree to: “(1) disclose rates and terms of service to customers; (2) make available maps showing where service is generally available; (3) provide contract terms to customers and confirm changes in service; (4) allow a trial period for new service; (5) provide specific disclosures in advertising; (6) separately identify carrier charges from taxes on billing statements; (7) provide customers the right to terminate service for changes to contract terms; (8) provide ready access to customer service; (9) promptly respond to consumer inquiries and complaints received from government agencies; and (10) abide by policies for protection of consumer privacy.” *Id.* at n. 71.

<sup>4</sup> *Id.* at n. 72.

Although TOUA is not under the jurisdiction of any state commission, the Company has developed a Local Exchange Tariff which contains consumer protection standards which are similar to those required by state commissions for the telecommunications carriers that are under state jurisdiction. Other obligations include, but are not limited to, truth-in-billing requirements; and CPNI, Red Flag Rules and other applicable federal requirements governing the protection of customers' privacy.

The Company is subject to consumer protection obligations for broadband services under federal law. These obligations include, but are not limited to, the following: public disclosure of accurate information regarding network management practices, performance, and commercial terms of broadband internet access services; as a means of providing sufficient information for consumers to make informed choices regarding use of such services, and for content, application, service and device providers to develop, market, and maintain internet offerings as specified in F.C.C. 47 C.F.R. Part 8 §8.3. The Company furthermore will comply with all requirements set forth in the *2015 Open Internet Order* when it becomes effective.

### **Certification for TOUA**

#### **Demonstration of Ability to Function in Emergency Situations**

Tohono O’Odham Utility Authority (“TOUA” or “Company”) hereby certifies that it is able to function in emergency situations as set forth in §54.201(a)(2).<sup>1</sup> The Company’s voice and broadband network is designed to remain functional in emergency situations without an external power source, is able to reroute traffic around damaged facilities, and is capable of managing traffic spikes resulting from emergency situations as required by Section 54.202(a)(2). The Company can change call routing translations as needed to reroute traffic around damaged facilities. Changing call routing translations will also allow the Company to manage traffic spikes throughout its network, as emergency situations require.

Specifically, each central office building is supplied with standby generators that enable the central office to keep running until power is restored so long as fuel is available, or until system changes are made to reroute traffic. TOUA’s local network consists of three exchanges and a fiber optic and microwave backbone to Tucson, Arizona where it connects with Qwest. TOUA has a limited ability to reroute traffic around damaged facilities and has a restoration plan in place to restore any disruption in service expeditiously. The Company complies with the FCC's backup power requirements, effective October 16, 2015.

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<sup>1</sup> Section 54.201(a)(2) requires ETCs that are designated by the Commission to “demonstrate its ability to remain functional in emergency situations, including a demonstration that it has a reasonable amount of back-up power to ensure functionality without an external power source, is able to reroute traffic around damaged facilities, and is capable of managing traffic spikes resulting from emergency situations.”

REDACTED FOR PUBLIC INSPECTION

**(700) Price Offerings including Voice Rate Data  
Data Collection Form**

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010>	Study Area Code	452173
<015>	Study Area Name	TOHONO O'ODHAM UTIL.
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Mike Bethurem
<035>	Contact Telephone Number - Number of person identified in data line <030>	5203835811 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	Mike.Bethurem@hq.toua.net

<701> Residential Local Service Charge Effective Date

1/1/2017

<702> Single State-wide Residential Local Service Charge

<703>

[illegible]

REDACTED FOR PUBLIC INSPECTION

<b>(710) Broadband Price Offerings</b> <b>Data Collection Form</b>	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010>	Study Area Code	452173
<015>	Study Area Name	TOHONO O'ODHAM UTIL.
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Mike Bethurem
<035>	Contact Telephone Number - Number of person identified in data line <030>	5203835811 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	Mike.Bethurem@hq.toua.net

[illegible]

## Tohono O'odham Utility Authority

### 2016 Tribal Government Engagement Report

The Tohono O'odham Utility Authority ("TOUA") is an enterprise of the Tohono O'odham Tribe ("Tribe"), established by the Tribe's Legislative Council in 1970, by Resolution No. 18-70 approving the Plan of Operation for TOUA.

TOUA currently operates in accordance with the requirements of the Second Restated Plan of Operation ("Plan of Operation"), approved by the Tribe's Legislative Council, by Resolution No. 328-90. The Plan of Operation defines TOUA's purpose and establishes a Management Board to direct the purpose, subject to applicable laws and regulations of the Tribe. In accordance with the Plan of Operation, The Management Board consists of seven Directors, three of which are required to be members of the Tribe. The other four Directors must have business management experience and three of them must have experience in management and operations of a utility business.

The Plan of Operation empowers that Management Board to establish business plans to provide utility services to the Tribe, within the boundaries of the reservation, to establish policies, rules and regulations for service. It also empowers the Management Board to adopt rates and charges for utility services and requires a public hearing on rates and charges if requested by petition, filed by five percent (5%) of the affected customers.

The Plan of Operation grants TOUA, subject to all applicable federal laws and the laws of the Tribe, the right to use any franchise, right, permit, privilege, easement or right of way standing in the name of or granted to the Tribe in conjunction with the utility systems, lines or facilities furnishing, electric, gas, water, sewer, telephone or cellular service.

The Plan of Operation requires that the Chairperson of the Management Board and the General Manager appear before the Tribes Legislative Council to make an annual report. The presentation before the Legislative Council is broadcast over the Tribes radio station. TOUA's annual report provides information on the previous year's operations, including both financial and operational statistics. It also provides information on capital improvement projects that were completed and information on plans for the current year. As a part of the annual report, the General Manager responds to questions about the information provided in annual report and also addresses Council members concerns and questions about service issues and strategic planning issues.

In addition General Manager makes a separate presentation of the annual report to the Chairman and Vice Chairman of the Tribe during which they discuss service and planning concerns. Within the governance structure of the Tribe, the Legislative Council has various committees which have responsibility of oversight for various tribal departments and the Tribes enterprises. The purpose and membership of each committee is established by action of the Legislative Council and the committee membership is comprised of Legislative Council members. The Legislative Council Commerce Committee has oversight responsibilities for TOUA. The General Manager also meets independently with the Commerce Committee to present TOUA's annual report and discuss concerns share plans for the next year.

Throughout the year TOUA management meets with and coordinates planning and operational activities with various departments of the Tribe, as needed or required by tribal law and regulations. TOUA regularly works with the Tribes Reality Office on easement issues; collaborates with the Planning and Economic Development Department in developing economic development plans; Department of Information and Technology to address plans and service requirements for the Tribe's government offices, public safety and fire departments. TOUA also



works with the educational facilities on the reservation to develop telephone and broadband services needed to fulfill their requirements and improve the educational opportunities.

TOUA has a Public Relations staff person that is a member of the Tribe that helps to develop all promotional marketing material addressing any cultural sensitive issues. TOUA has 100 full time employees and over 80% are Native Americans and or members of the Tribe. The telephone Department has 32 employees, all of which are Native American.

REDACTED FOR PUBLIC INSPECTION  
**TOHONO O'ODHAM UTILITY AUTHORITY**  
**Highway 86, P.O. Box 816**  
**Sells, Arizona 85634-0816**

**LINK UP TERMS AND CONDITIONS**

**TRIBAL LINK UP**

**General**

Tribal Link Up is a program designed to increase the availability of telecommunications services to low income subscribers residing on federally recognized Tribal lands by providing a credit to the non-recurring installation and service charges to qualifying residential subscribers.

**Regulations**

- A. Customers eligible under Tribal Link Up are also eligible for monthly recurring assistance under the Tribal Lifeline program following.
- B. One Tribal Link Up connection assistance is available per household and is applicable to the primary residential connection only.
- C. The Tribal Link Up credit is available a second or subsequent time only for otherwise qualifying commencement of telecommunications service at a principal place of residence with an address different from the address for which Tribal Link Up assistance was provided previously.
- D. To receive the credit, proof of eligibility must be provided prior to installation of service.
- E. The total tariffed charges for connecting service, including service and any other applicable installation charges, are considered in the credit calculation.

**Eligibility**

- A. To be eligible for a Tribal Link Up credit, in addition to meeting the tribal land residency requirement, the customer, a dependent, or a member of the household must be a current recipient of any of the following low income assistance programs.
  - 1. Temporary Assistance to Needy Families (TANF) or EMPOWER (Employing and Moving People Off Welfare and Encouraging Responsibility)
  - 2. Supplemental Security Income (SSI)
  - 3. Supplemental Nutrition Assistance Program (SNAP) or Nutrition Assistance
  - 4. Medicaid or Arizona Healthcare Cost Containment System
  - 5. Low-Income Home Energy Assistance Plan (LIHEAP)
  - 6. Federal Public Housing Assistance or Section 8
  - 7. National School Lunch Program's free lunch program
  - 8. BIA (Bureau of Indian Affairs) General Assistance

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**TOHONO O'ODHAM UTILITY AUTHORITY**  
**Highway 86, P.O. Box 816**  
**Sells, Arizona 85634-0816**

**TRIBAL LINK UP (Cont'd)**

**Eligibility (Cont'd)**

9. Tribally administered Temporary Assistance for Needy Families (TANF)
  10. Head Start Program (income eligible)
  11. Food Distribution Program on Indian Reservations
- B. Additionally, customers not receiving benefits under one of the preceding programs, and whose household's total gross annual income does not exceed one hundred and thirty-five percent (135%) of the Federal Poverty Guidelines, meet the requirements for eligibility.
- C. All applications for service are subject to verification of the qualifying program.

**Certification**

- A. Proof of eligibility in any of the qualifying low income assistance programs should be provided by the eligible Tribal Link Up subscriber to the Company at the time of application for service. The Tribal Link Up credit will not be established until the Company has received proof of eligibility. If the customer requests installation without proof of eligibility, the requested service will be provided without the Tribal Link Up credit.
- B. Each Tribal Link Up subscriber must provide documentation of income-based or program-based eligibility and certify in writing to the Company, under penalty of perjury, that s/he receives benefits under a program, and must on that same document, agree to notify the Company if s/he ceases to participate in the program(s) or to meet income eligibility requirements. The certification form shall conform to the requirements described herein, and shall be made available upon request to any subscriber. The Company shall retain all such subscriber certifications in order to furnish proof of subscriber eligibility as may be required from time to time by Universal Service administrators.
- C. The use or disclosure of information concerning enrollees will be limited to purposes directly connected with the administration of the Tribal Link Up program.

**Credit**

- A. The federal credit available for a Tribal Link Up connection is a one hundred percent (100%) reduction, up to one hundred dollars (\$100.00), of the customary charge for commencing telecommunications service for a single telecommunications connection at a subscriber's principal place of residence.
- B. Upon request, qualifying residents may also receive a deferred schedule of payments of up to two hundred dollars (\$200), and any interest charges associated with the connection charge shall be deferred for a period not longer than one (1) year.

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**TOHONO O'ODHAM UTILITY AUTHORITY**  
**Highway 86, P.O. Box 816**  
**Sells, Arizona 85634-0816**

**LIFELINE TERMS AND CONDITIONS**

**TRIBAL LIFELINE**

**General**

- A. Tribal Lifeline Assistance is a non-transferable retail service offering for which qualifying low-income subscribers pay reduced charges, as provided for below. Tribal Lifeline Assistance enables eligible subscribers to pay reduced charges for voice telephony service that includes the following services: voice-grade access to the public switched network; local usage; access to emergency services; and toll limitation.
- B. The Tribal Lifeline credit available to an eligible customer residing on TOUA tribal land is equal to the total federal support as established by the Federal Communications. The amount of credit will not exceed the charge for local service, which includes the access line, the Subscriber Line Charge and local usage.
- C. The Company shall apply the baseline payments received by the administrator of the federal Lifeline Assistance program to waive the qualifying customer's federal Subscriber Line Charge. The Company shall apply any additional federal support amount to the qualifying customer's basic local exchange service rate.
- D. The Tribal Lifeline Program reduction to voice telephony service shall apply only to residential service. Qualifying customers must subscribe to a generally available residential service plan or package that includes voice telephony service that is made available in the Company's service area.
- E. Partial payments that are received from Tribal Lifeline customers shall first be applied to voice telephony charges and then to any outstanding charges for additional services.
- F. Nothing in this Section shall prohibit a customer who is otherwise eligible for the Tribal Lifeline Program from obtaining and using telecommunications equipment and services designed to aid such customer in utilizing qualifying telecommunications services.
- G. Residents of the TOUA tribal land who are eligible to receive Tribal Lifeline are also eligible to receive Tribal Link Up assistance for service charges under Link up preceding.
- H. The Tribal Lifeline Program rate will not be available on a retroactive basis.

REDACTED FOR PUBLIC INSPECTION  
**TOHONO O'ODHAM UTILITY AUTHORITY**  
**Highway 86, P.O. Box 816**  
**Sells, Arizona 85634-0816**

**TRIBAL LIFELINE** (Cont'd)

**Eligibility and Certification Requirements**

- A. To be eligible for Tribal Lifeline assistance, in addition to meeting the tribal land residency requirement, the customer, a dependent, or a member of the household must be a current recipient of any of the following low income assistance programs.
1. Temporary Assistance to Needy Families (TANF) or EMPOWER (Employing and Moving People Off Welfare and Encouraging Responsibility)
  2. Supplemental Security Income (SSI)
  3. Supplemental Nutrition Assistance Program (SNAP) or Nutrition Assistance
  4. Medicaid or Arizona Healthcare Cost Containment System
  5. Low-Income Home Energy Assistance Plan (LIHEAP)
  6. Federal Public Housing Assistance or Section 8
  7. National School Lunch Program's free lunch program
  8. BIA (Bureau of Indian Affairs) General Assistance
  9. Tribally administered Temporary Assistance for Needy Families (TANF)
  10. Head Start Program (income eligible)
  11. Food Distribution Program on Indian Reservations
- B. Additionally, customers not receiving benefits under one of the preceding programs, and whose household's total gross annual income does not exceed one hundred and thirty-five percent (135%) of the Federal Poverty Guidelines, meet the requirements for eligibility.
- C. Each subscriber to Tribal Lifeline must provide documentation of income-based or program-based eligibility and certify in writing to the Company, under penalty of perjury, that s/he receives benefits under a program outlined in paragraph A. above, and must on that same document, agree to notify the Company if s/he ceases to participate in the program(s) or to meet income eligibility requirements. The certification form shall conform to the requirements described herein, and shall be made available upon request to any subscriber. The Company shall retain all such subscriber certifications in order to furnish proof of subscriber eligibility as may be required from time to time by Universal Service administrators.
- D. A subscriber may elect at the time of subscription to Tribal Lifeline Assistance to receive toll restriction as part of Tribal Lifeline Assistance. "Toll Restriction" is a service that allows a subscriber to elect not to allow the completion of outgoing toll calls from the subscriber's residence.

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**TOHONO O'ODHAM UTILITY AUTHORITY**  
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**TRIBAL LIFELINE** (Cont'd)

**Restrictions**

Only one Tribal Lifeline Assistance credit is available per household.

**Recertification**

Customers must recertify on an annual basis that their household continues to qualify for the discounted service.

**Credit and Collection**

A. Credit References

The credit verification procedures used for all applicants who apply for service with the Company will also be used for applicants who apply for service under the Tribal Lifeline Program.

B. Deposits

The Company may not collect a service deposit in order to initiate Tribal Lifeline Assistance if the qualifying low-income subscriber voluntarily elects toll restriction from the Company, where available or if the qualifying low-income subscriber elects a calling plan that does not distinguish between toll and non-toll calls in its pricing. If toll restriction is unavailable, then the Company may charge a service deposit.

**Service Connection Charges**

A. Secondary Service charges do not apply to eligible customers with existing residential access line service when they convert to the Tribal Lifeline Program.

B. Service Connection Charges will apply when:

1. Existing eligible residential Local Exchange Service customers also convert to a different grade of eligible residential service and/or Optional Calling Services at the time the Tribal Lifeline Program billing is initiated.
2. A customer receiving Tribal Lifeline Program billing voluntarily elects to convert to telephone service arrangements which preclude Lifeline Program eligibility.

C. Any subsequent service changes after the initial connection to the Tribal Lifeline Program will be subject to the applicable tariffed Service Charges .

Phone: (520) 383-2236

Post Office Box 816

Fax: (520) 383-2218

Sells, Arizona 85634

## LIFELINE ANNUAL RECERTIFICATION FORM

Customer Name \_\_\_\_\_ Date of Birth (mm/dd/yyyy) \_\_\_\_\_

Phone Number \_\_\_\_\_ Last 4-digits of SS# \_\_\_\_\_ Tribal# (if unable to provide SSN) \_\_\_\_\_

Residential Address or description \_\_\_\_\_  
(No PO Box)

Village \_\_\_\_\_ Permanent Address Yes or No

Mailing Address: \_\_\_\_\_  
City, State Zip Code

Lifeline is a federal benefit that makes monthly voice and/or broadband Internet service more affordable for eligible individuals and households.

☐ My household no longer qualifies for Lifeline OR my household receives Lifeline on another telephone. I understand that by checking this box, the Lifeline discount will be removed from the phone number above. (Please sign and date the form below.)

☐ OR, I certify that I, my dependent, or someone else in my household receives assistance from at least one of the programs listed below.

☐ General Assistance (Tribal)

☐ Federal Public Housing Assistance/Section 8

☐ Medicaid/AHCCCS

☐ Tribal Head Start (Income eligible only)

☐ Food Distribution (Tribal)

☐ TANF (Tribal)

☐ Supplemental Security Income (SSI)

☐ Federal Veterans Pension or Survivors

☐ Supplemental Nutrition Assistance Program (SNAP) Food Stamps

Name of eligible person \_\_\_\_\_ Relationship to Applicant \_\_\_\_\_

☐ OR, I certify that my household income is at or below 135% of the Federal Poverty Guidelines \_\_\_\_\_  
Number of people in your household

Household Size	Total Monthly Income	Household Size	Total Monthly Income	Household Size	Total Monthly Income
1	1,357	3	2,297	5	3,237
2	1,827	4	2,767	6	3,708

By initialing, I am acknowledging that I have read and understand each of the program requirements:

- 1) Lifeline is a federal benefit and that willfully making false statements to obtain the benefit can result in fines, imprisonment, de-enrollment or being barred from the program. \_\_\_\_\_
- 2) Only one Lifeline service is available per household. \_\_\_\_\_
- 3) A household is defined, for purposes of the Lifeline program, as any individual or group of individuals who live together at the same address and share income and expenses, \_\_\_\_\_
- 4) A household is not permitted to receive Lifeline benefits from multiple providers. \_\_\_\_\_

Phone: (520) 383-2236

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Sells, Arizona 85634

- 5) Violation of the one-per-household limitation constitutes a violation of the Commission's rules and will result in the subscriber's de-enrollment from the program. \_\_\_\_\_
- 6) Lifeline is a non-transferable benefit and the subscriber may not transfer his or her benefit to any other person. \_\_\_\_\_
- 7) You may lose your Lifeline benefit and may be prosecuted by the United States government if you violate the one-per-household rule or otherwise make false statements to receive Lifeline. \_\_\_\_\_

**I certify, under penalty of perjury, that:**

- 1) I meet the income-based or program-based eligibility criteria for receiving Lifeline. \_\_\_\_\_
- 2) I will notify the carrier within 30 days if for any reason that I no longer satisfy the criteria for receiving Lifeline including, as relevant, if I no longer meets the income-based or program-based criteria for receiving Lifeline support, if I am receiving more than one Lifeline benefit, or if another member of the my household is receiving a Lifeline benefit.
- 3) I live on the Tohono O'odham Nation which is federally recognized tribal lands. \_\_\_\_\_
- 4) If I move to a new address, I will provide that new address to Tohono O'odham Utility Authority within 30 days. \_\_\_\_\_
- 5) My household will receive only one Lifeline service and, to the best of my knowledge, my household is not already receiving a Lifeline service. \_\_\_\_\_
- 6) The information contained in this certification form is true and correct to the best of my knowledge. \_\_\_\_\_
- 7) I acknowledge that providing false or fraudulent information to receive Lifeline benefits is punishable by law. \_\_\_\_\_
- 8) I acknowledge that I may be required to re-certify my continued eligibility for Lifeline at any time, and failure to re-certify as to my continued eligibility will result in de-enrollment and the termination of my Lifeline benefits.

I give TOUA my permission to transmit to the Administrator of the National Lifeline Accountability Database my full name, my full residential address my date of birth, the last four digits of my Social Security Number, my Tribal Identification Number, my telephone number associated with the Lifeline Program benefit, the date on which the Lifeline Program service began, the date on which the Lifeline Program benefit ended, the amount of support sought by my service provider, and the means through which I qualify for the Lifeline Program benefit. I understand that transmission of this information is required to ensure the proper administration of the Lifeline Program. I also understand that if I refuse to have this information transmitted to the Administrator, I will be denied Lifeline Program benefits. \_\_\_\_\_

I give TOUA permission to keep on file all information necessary to verify my eligibility. \_\_\_\_\_

I want my Lifeline benefit applied to my: ☐ Fixed Voice ☐ Broadband Internet ☐ Bundled Broadband & Voice

**By signing below, I certify under penalty of perjury, that the above information is true to the best of my knowledge**

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

For Office Use Only: Reviewed by: \_\_\_\_\_ Database queried? ☐ N/A ☐ No ☐ Yes

Date reviewed or queried \_\_\_\_\_ Lifeline Household Worksheet? ☐ No ☐ Yes



Tohono O'odham Utility Authority  
(SAC 452173)

**Response to Line 3010 – Milestone Certification (47 CFR §54.313(f)(1)(i))**

Tohono O'odham Utility Authority hereby certifies that throughout 2016, it took reasonable steps to provide upon reasonable request broadband service at actual speeds of at least 10 Mbps downstream/1 Mbps upstream, with latency suitable for real-time applications, including Voice over Internet Protocol, and usage capacity that is reasonably comparable to comparable offerings in urban areas and that requests for such service are met within a reasonable amount of time. If a request for broadband service at actual speeds of at least 10 Mbps downstream/1 Mbps upstream is unreasonable, the Company offers broadband service at the highest available speed.

**REDACTED – FOR PUBLIC INSPECTION**

**ATTACHMENT - LINE 3017**

**ATTACHMENT REDACTED IN ENTIRETY**